

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90006 016 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P98000077405

1. Corporation Name  
**AC & LP CORP.**



Principal Place of Business  
 4190 S.W. 75TH CIRCLE EAST  
 DAVIE FL 33314

Mailing Address  
 4190 S.W. 75TH CIRCLE EAST  
 DAVIE FL 33314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**09/08/1998**

2. Principal Place of Business  
 21 **2057 Taft St.**

2a. Mailing Address  
 26 **2057 Taft St.**

4. FEI Number  
**65-0864081**

22  
 23 **Hollywood, FL**

27  
 28 **Hollywood, FL**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

24 **33020** 25

29 **33020** 30

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

**BOGGS, LESTER C**  
 4190 S.W. 75TH CIRCLE EAST  
 DAVIE FL 33314

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**2057 Taft St.**  
 83  
 84 City **Hollywood** FL 85 Zip Code **33020**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BOGGS, LESTER C</b>
STREET ADDRESS	<b>4190 S.W. 75TH CIRCLE EAST</b>
CITY-ST-ZIP	<b>DAVIE FL 33314</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HUTCHISON, LORA J</b>
STREET ADDRESS	<b>705 EAST GREEN LANE</b>
CITY-ST-ZIP	<b>WOODSTOCK GA 30189</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>THORNTON, DEBORAH K</b>
STREET ADDRESS	<b>4151 S.W. 75TH CIRCLE</b>
CITY-ST-ZIP	<b>DAVIE FL 33314</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BOGGS, HAMILTON D</b>
STREET ADDRESS	<b>2301 LEE STREET</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL 33020</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>PAYNE, NANCY A</b>
STREET ADDRESS	<b>P.S.C. 41 BOX 45</b>
CITY-ST-ZIP	<b>APO AE 09464</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>WILLIAMS, KIMBERLY S</b>
STREET ADDRESS	<b>ROUTE 5B BOX 669</b>
CITY-ST-ZIP	<b>HINDERSVILLE NC 28792</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *L. Jann Hutchison* **L. Jann Hutchison** 2/10/99 954-923-3440  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)